FSTK 1002-0US

MICHAEL G. KAHN

DECLARATION FOR UTILITY OR

DESIGN

INVENTOR: NEWYEN

PTO/SB/01 (03-01)
Approved for use through 10/31/2002, OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

Attorney Docket Number

First Named Inventor

(27.0		PATENT APPLICATION					
(37 CFR 1.63)		Application Nur	mber	/ UNKNOWN			
Declaration	Declaration		Filing Date	Con	currently Herewith		
Submitted	d OR Submitted after Initial	Group Art Unit	UNI	KNOWN			
with Initial Filing		(37 CFR 1 16 (e)) required)	Examiner Nami		NOWN		
As a below named inven	tor, I he	reby declare that:					
My residence, mailing add	ress, an	d citizenship are as state	d below next to my nam	ne			
I believe I am the original, names are listed below) of					irst and joint inventor (if plural in the invention entitled:		
TIMELINE FORECASTING FOR CLINICAL TRIALS							
	· · · · · · · · · · · · · · · · · · ·	(Title of the	e Invention)				
the specification of which							
the specification of which							
is attached hereto							
is attached hereto	~~~		as United St	tator Applicatio	n Number or PCT International		
is attached hereto	MYYY)		as United St	lates Applicatio	n Number or PCT International		
is attached hereto OR was filed on (MM/DD)	/////				n Number or PCT International		
is attached hereto OR was filed on (MM/DD)	MM)	and was am	as United St		n Number or PCT International (if applicab)		
is attached hereto OR was filed on (MM/DD) Application Number	eviewed	and understand the conti	nended on (MM/DD/YY	YY)	(if applicabl		
is attached hereto OR Was filed on (MM/DD) Application Number I hereby state that I have reamended by any amendment in-part applications, materials	eviewed ent speci	and understand the contifically referred to above. information which is mate ation which became available.	nended on (MM/DD/YY ents of the above idention	YY) ified specificati	(if applicabl		
is attached hereto OR Was filed on (MM/DD) Application Number I hereby state that I have reamended by any amendment I acknowledge the duty to din-part applications, materia PCT international filing date. I hereby claim foreign prior or plant breeder's rights cettan the United States of patent, inventor's or plant the United States of patent.	eviewed ent special sisclose al informe of the criticate: America preeder's	and understand the contifically referred to above. information which is mate ation which became availonation-in-part applicifits under 35 U.S.C. 119 (s), or 365(a) of any PC, listed below and have a rights certificate(s), or a	nended on (MM/DD/YY) ents of the above identional to patentability as of lable between the filing cation. (a)-(d) or (f), or 365(b) T international applications also identified below,	YY) defined in 37 C date of the pri of any foreign tion which des by checking the	(if applicable) on, including the claims, as		
is attached hereto OR Was filed on (MM/DD) Application Number I hereby state that I have reamended by any amendment I acknowledge the duty to din-part applications, materia PCT international filing date I hereby claim foreign prior or plant breader's rights cethan the United States of patent, inventor's or plant the United States of patent.	eviewed ent speci disclose al inform e of the c ity bene ertificate America oreader's v is claim	and understand the contifically referred to above. information which is mate ation which became avaicontinuation-in-part application of the second of the se	nended on (MM/DD/YY) ents of the above identional to patentability as of lable between the filing cation. (a)-(d) or (f), or 365(b) T international applications also identified below,	YY) defined in 37 C date of the pri of any foreign tion which des by checking the	(if applicable) on, including the claims, as EFR 1.56, including for continuation of application and the national or application(s) for patent, invento ignated at least one country other box, any foreign application for including a filing date before that of the Certified Copy Attached?		
is attached hereto OR Was filed on (MM/DD) Application Number I hereby state that I have reamended by any amendment I acknowledge the duty to din-part applications, materia PCT international filing date I hereby claim foreign prior or plant breader's rights cettan the United States of patent, inventor's or plant trapplication on which pnority Prior Foreign Applicatio	eviewed ent speci disclose al inform e of the c ity bene ertificate America oreader's v is claim	and understand the contifically referred to above. information which is mate ation which became avaicontinuation-in-part application or 365(a) of any PC is continuated below and have a rights certificate(s), or itsed	nended on (MM/DD/YY) ents of the above identi- erial to patentability as of lable between the filing cation. (a)-(d) or (f), or 365(b) T international applica- also identified below, any PCT international Foreign Filing Date	yy) ified specificati defined in 37 C date of the pri of any foreign tion which des by checking the application has	(if applicable) on, including the claims, as FR 1.56, including for continuation of application and the national or application(s) for patent, invento ignated at least one country other box, any foreign application for the box, any foreign application of the country of the box any foreign application for the box and filling date before that of the certified Copy Attached?		
is attached hereto OR Was filed on (MM/DD) Application Number I hereby state that I have reamended by any amendment I acknowledge the duty to din-part applications, materia PCT international filing date I hereby claim foreign prior or plant breader's rights cettan the United States of patent, inventor's or plant trapplication on which pnority Prior Foreign Applicatio	eviewed ent speci disclose al inform e of the c ity bene ertificate America oreader's v is claim	and understand the contifically referred to above. information which is mate ation which became avaicontinuation-in-part application or 365(a) of any PC is continuated below and have a rights certificate(s), or itsed	nended on (MM/DD/YY) ents of the above identi- erial to patentability as of lable between the filing cation. (a)-(d) or (f), or 365(b) T international applica- also identified below, any PCT international Foreign Filing Date	yy) ified specificati defined in 37 C date of the pri of any foreign tion which des by checking the application has	(if applicable) on, including the claims, as FR 1.56, including for continuation of application and the national or application(s) for patent, invento ignated at least one country other box, any foreign application for the box, any foreign application of the country of the box any foreign application for the box and filling date before that of the certified Copy Attached?		

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

PTO/SB/01 (03-01) Approved for use through 10/31/2002, OMB 0651-0032 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application Customer Number 22,470 Direct all correspondence to: OR Correspondence address below or Bar Code Label Name Address State ZIP City Telephone Country Fax I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or impresonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor MICHAEL G. KAHN Given Name Family Name (first and middle [if any]) or Surname Inventor's Signature Date **USA** USA BOULDER CO Residence: City State Country Citizenship 3980 GREENBRIAR BOULEVARD Mailing Address **USA** BOULDER CO 80303 State ZIP Country A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: **MICHAEL** Family Name MISCHKE-REEDS (first and middle [if any]) or Surname inventor's Date Signature **USA** SAN FRANCISCO CA **USA** Residence: City State Country Citizenship 44 BRENTWOOD AVENUE Mailing Address

State

CA

ZIP

SAN FRANCISCO

Additional inventors are being named on the

City

94127

1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Country

USA

the third was made that may the transfer the

)

550-

Please type a plus sign (+) inside this box

PTO/SB/02A (11-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Palent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

U.S. Patent and Trademark Office; U.S DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page __1_ of __1_

						96 01
				·		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor						his unsigned inventor
Given Name (first and middle [if ar	ny])			Family Nan	ne or S	urname
JOHN H.				N	GUY	/EN
		<u> </u>				
Inventor's JL H. Na-						9/28/2001 Date
Residence: City SAN JOSE	State	A	Country	USA		USA Citizenship
2931 WINWOOD Mailing Address	WAY					
Mailing Address						
city SAN JOSE	State C	À	ZIP 95	5148	Countr	USA
Name of Additional Joint Inventor, if a	any:		A petition h	as been filed	for this	s unsigned inventor
Given Name (first and middle [if an	iyl)			Family Nam	ne or Si	ırname
Inventor's						
Signature						Date
Residence: City	State	Country Citizenship				
Mailing Address						
						
Mailing Address					,	
City	State		ZIP		Cour	try
Name of Additional Joint Inventor, if a	any:		A petition has	been filed f	for this	unsigned inventor
Given Name (first and middle (if any	·])	Family Name or Sumame				
Inventor's Signature						Date
Residence: City State			Country Citizenship			
Mailing Address						
Mailing Address						
City	State		ZIP		Con	intry
		_	1 1		ال دود	пін у

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.

Express Mail No. ELLO85123805US INVENTOR:

PTO/SB/01 (03-01)

Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

FSTK 1002-0US Attorney Docket Number **DECLARATION FOR UTILITY OR** MICHAEL G. KAHN First Named Inventor **DESIGN** COMPLETE IF KNOWN PATENT APPLICATION (37 CFR 1.63) UNKNOWN Application Number Concurrently Herewith Filing Date Declaration Declaration Submitted after Initial Submitted OR UNKNOWN Group Art Unit Filing (surcharge with Initial (37 ČFR 1.16 (e)) **UNKNOWN** Filing

<u> </u>	requirea)	Examiner Nam					
As a below named inventor, I h	ereby declare that:				· <u>·····</u>		
My residence, mailing address, a	nd citizenship are as sta	ted below next to my nai	me.				
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:							
TIMELI	NE FORECAST	ΓING FOR CLI	NICAL TR	RIALS			
	(Title of t	the Invention)	•				
the specification of which	,	,					
is attached hereto							
OR							
was filed on (MM/DD/YYYY		as United S	tates Application	Number or PCT In	nternational		
Application Number	and was a	amended on (MM/DD/YY	YY)		(if applicable).		
I hereby state that I have reviewe amended by any amendment spe	d and understand the co cifically referred to above	ntents of the above iden e.	tified specification	n, including the cla	ims, as		
I acknowledge the duty to disclosin-part applications, material infor PCT international filing date of the	mation which became av	vailable between the filing	defined in 37 CFI g date of the prior	R 1.56, including for application and the	or continuation- ne national or		
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop YES	y Attached? NO		
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:							

PTO/SB/01 (03-01)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Customer Number or Bar Code Label		70	OR Cor	orrespondence add	dress below
Name :						
Address	·· 					
City			State		ZIP	
				}	ĺ	
Country	Tele	ephone			Fax	
I hereby declare that all statements mare believed to be true; and further the made are punishable by fine or imprisivalidity of the application or any patent	that these statements isonment, or both, un	ts were made with	h the kno	owledge that willful fa	false statements a	and the like so
NAME OF SOLE OR FIRST IN			as beer	n filed for this uns	signed invento	ır
Given Name (first and middle [if any])	T unity runte					
Inventor's Signature	Hore				X Jake J2X	9×10/
7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7	LDER	CC)	USA		USÁ
Residence: City		State	-	Country	Citizenship	
3980 GREE	NBRIAR BO	ULEVARI				
BOULDE	⊒D	CC	$\overline{\gamma}$	80303		USA
City	210	State	-	8U3U3	Country	USA
NAME OF SECOND INVENTO	n.			filed for this unsig	<u> </u>	
Given Name MICF (first and middle [if any])	HAEL 		Family N or Surna	Name MISCHE	KE-REEDS	j
Inventor's Signature		_			Date	
	ANCISCO	CA State	- 1	USA	Citizenship	USA
44 BRENTY Mailing Address	WOOD AVE			<u></u>		
SAN FRANCI		CA State	ZIP	94127	Country	USA
Additional inventors are being nan				ntor(s) sheet(s) PTO/S		harata
, 🔽 Nuuliional involtoto are somig t.s	TIBU OH HIDOUP,	HIGHIGHTON YOUNGS	igi nivem	VOL(2) SHERKOLLOW	SB/UZA attached	nereio.

Please	type	a plus	sıgn	(+)	ınside	this	box	 +

That there

The street stree

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet
Page _1_ of _1_

Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor						his unsigned inventor		
Given Name (first and middle [if ar	ıy])				Family Nam	e or S	urname	
JOHN H.					NO	GUY	YEN	
Inventor's Signature							Date	
Residence: City SAN JOSE	Star	C.A.	ł	Country	USA		USA Citizenship	
Mailing Address 2931 WINWOOD V	WAY	7						
Mailing Address				T				
city SAN JOSE	Sta	te C	4	ZIP 9:	5148 c	ountr	USA	
Name of Additional Joint Inventor, if a	ıny:			A petition h	as been filed	for thi	s unsigned inventor	
Given Name (first and middle [if an	y])				Family Name	e or S	urname	
			ļ					
Inventor's Signature							Date	
Residence: City	Sta	ite		Country			Citizenship	
Mailing Address								
Mailing Address								
City	Sta	ate		ZIP		Cour	ntry	
Name of Additional Joint Inventor, if a					s been filed fo		unsigned inventor	
Given Name (first and middle [if any	·])				Family Na	ame o	r Surname	
			_					
Inventor's Signature							Date	
Residence: City	State	e		Country		,,	Citizenship	
Mailing Address								
Mailing Address		•						
City	State	ı		710		C	inte.	

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (03-01)

Approved for use through 10/31/2002 OMB 0651-0032 U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number

DECLARATION FOR UTILITY OR **DESIGN** PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

A. Paris .D

M Series of the se

in.

2.10

Declaration OR Submitted after Initial Filing (surcharge (37 CFR 1.16 (e))

Attorney Docket Number FSTK 1002-0US MICHAEL G. KAHN **First Named Inventor COMPLETE IF KNOWN** Application Number UNKNOWN Concurrently Herewith Filing Date UNKNOWN Group Art Unit UNKNOWN **Examiner Name**

required) As a below named inventor, I hereby declare that: My residence, mailing address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: TIMELINE FORECASTING FOR CLINICAL TRIALS (Title of the Invention) the specification of which is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuationin-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed. Prior Foreign Application Foreign Filing Date **Priority** Certified Copy Attached? Number(s) Country (MM/DD/YYYY) Not Claimed YES NO

[Page 1 of 2]

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

Burden Hour Statement. This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commissioner for Patents, Washington, DC 20231

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	Direct all correspondence to: Customer Number or Bar Code Label		22,470 OR		Correspondence address below	
Name ;						
Address			1		1	
City			State		ZIP	
Country	Telep	ohone			Fax	
I hereby declare that all statements mare believed to be true; and further timade are punishable by fine or imprivalidity of the application or any paten	nat these statements sonment or both unc	MARA MARA WITH	s tha ka	aviadaa that willful i	[_l t_t	1 (1 12)
NAME OF SOLE OR FIRST IN			as bee	n filed for this un	signed invento	or
Given Name (first and middle [if any]) MICHAEL G. Family Name or Surname				KAHN		
Inventor's Signature					Date	
BOU Residence: City	LDER	C(USA Country	Citizenship	USA
	NBRIAR BO			Country	Citizensinp	
BOULDE city	ER	CC)	80303 ZIP	Country	USA
NAME OF SECOND INVENTO	R:	A petition has	been	filed for this unsi		
Given Name MICI (first and middle [if any])	HAEL		Family or Surn	Name MISCH	KE-REEDS	S
Inventor's X Mulausignature	I Mis	ible	-/	Reede	$\frac{\times}{\text{Date}} \frac{9}{2}$	7/01
SAN FRA		CA	Coi	USA	Citizenship	USA
44 BRENTY Mailing Address	WOOD AVEN	NUE				
SAN FRANCI		CA	ZIP	94127	Country	USA
Additional inventors are being nan					SB/02A attached	hereto.

Please type a plus sigr	(+) inside this box	-	

the flash that the the state that

Jene Green

Mary Arm Mary And All a

PTO/SB/02A (11-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

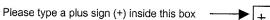
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _ i_ of _1_

		A					
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor					s unsigned inventor		
Given Name (first and middle [if any])			Family Name or Surname			
JOHN H.					NC	J UY	EN
Inventor's Signature							Date
Residence: City SAN JOSE	State	C/		Country	USA		USA Sitizenship
Mailing Address 2931 WINWOOD W	/AY						
Mailing Address	1			,			
City SAN JOSE	State	e C	A	ZIP 9	5148 c	ountry	, USA
Name of Additional Joint Inventor, if ar	ıy:			A petition	has been filed	for this	unsigned inventor
Given Name (first and middle [if any])				Family Name	e or Su	ırname
Inventor's Signature							Date
Residence: City	Stat	e		Country Citizenship			
Mailing Address							
Mailing Address							
City	Stat	te	ZIP Country			itry	
Name of Additional Joint Inventor, if a	ny:			A petition h	as been filed fo	or this	unsigned inventor
Given Name (first and middle [if any])		· · · · · ·		Family N	ame o	r Surname
					<u>- </u>		
Inventor's Signature Date				Date			
Residence: City	State	<u>, </u>		Country			Citizenship
Mailing Address							
Mailing Address						•	
City	State			ZIP		Cou	ıntry

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Express Ma Latel No. ELLOBS/0380516

PTO/SB/81 (02-01) Approved for use through 10/31/2002. OMB 0651-0035

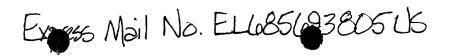
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unknown
Filing Date	Concurrently Herewith
First Named Inventor	Michael G. Kahn
Title	Timeline Forecasting for Clinical Trials
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	FSTK 1002-0US

I hereby appoint:									
✓ Practitioners at 0	Customer Number 22,4	70	——► PI	de de Compa u de de Bar					
OR				abel 224	70				
Practitioner(s) na			Р	ATENT & TRADEM	ARK OFFICE				
	Name Registration Number								
									
as my/our attorney(s) or business in the United S	r agent(s) to prosecute the applica States Patent and Trademark Offic	tion identified	above, and	to transac	t all				
	espondence address for the above								
The above-mention	ned Customer Number.	-identilled ap	plication to:						
OR		·	Place	Customer					
Practitioners at Cus	stomer Number		Number Label	er Bar Code	,				
OR			Laber	71010					
Firm or Individual Name	HAYNES BE	EFFEL &	WOLFELI	D LLP					
Address		P.O. Box 3	366						
Address									
City	Half Moon Bay	State	<u>CA</u>	Zip	94019				
Country Telephone		ed States of		0) 510 0					
	(650) 712-0340	Fax	(65)	0) 712-0	263				
I am the: Applicant/Invento	or.								
·									
Assignee of reco	rd of the entire interest. See 37 CF 37 CFR 3.73(b) is enclosed. (Forn	R 3.71.	•		;				
Statement under			 						
MICH	SIGNATURE of Applicant or As		cord						
Name MICHA	Name MICHAEL G. KAHN, VICE PRESIDENT								
Signature	Signature Mirkaell John								
Date X 2	2 Rost 2001								
NOTE: Signatures of all the invent forms if more than one signature is	tors or assignees of record of the entire inte	erest or their rep	oresentative(s) a	re required.	Submit multiple				
	ns are submitted.								
	den Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on								

the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box

PTO/SB/81 (02-01)

Approved for use through 10/31/2002, OMB 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unknown
Filing Date	Concurrently Herewith
First Named Inventor	Michael G. Kahn
Title	Timeline Forecasting for Clinical Trials
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	FSTK 1002-0US

I hereby appoint: Practitioners at OR Practitioner(s) no		22,470	Registration	abe 29470 atent & trademark office Number		
business in the United	r agent(s) to prosecute the ap States Patent and Trademark	Office connect	ed therewith.	to transact all		
The above-mention OR Practitioners at Cu OR	espondence address for the a ned Customer Number.	bove-identified	Place Numb	e Customer ber Bar Code I here		
Firm or Individual Name	HAYNES BEFFEL & WOLFELD LLP					
Address	P.O. Box 366					
Address	XI 100 / D					
City	Half Moon Bay	State		Zip 94019		
Country Telephone	(650) 712-0340		tes of America (650) 712-0263			
Telephone (650) 712-0340 Fax (650) 712-0263 I am the: ✓ Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIGNATURE of Applicant-or Assignee of Record						
Name MICH	AEK Ø. KAHN					
Signature	will toll					
Date X	22013001					
NOTE: Signatures of all the inventorms if more than one signature	tors or assignees of record of the enistrequired, see below*.	tire interest or thei	representative(s)	are required. Submit multiple		
	ms are submitted.			he individual case. Any comments on		

builder hour advantage in the sound see Sunday to take 3 minutes to complete 1 title will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unknown
Filing Date	Concurrently Herewith
First Named Inventor	Michael G. Kahn
Title	Timeline Forecasting for Clinical Trials
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	FSTK 1002-0US

I hereby appoint:					
Practitioners at	Customer Number 22,470	Plant Racount			
OR	22,110	1.abeldare 70			
Practitioner(s) n	amed below:	PATENT & TRADEMARK OFFICE			
	Name	Registrion Number			
ļ					
<u> </u>					
	or agent(s) to prosecute the application i States Patent and Trademark Office co				
	respondence address for the above-ider	ntified application to:			
	ned Customer Number.				
OR ☐ Practitioners at Cu	ustamor Number	Place Customer Number Bar Code			
OR	Stomer Number	Label here			
Firm or Individual Name	HAYNES BEFFEL & WOLFELD LLP				
Address	P.O. Box 366				
Address					
City	Half Moon Bay	State CA Zip 94019			
Country	United St	tates of America			
Telephone	(650) 712-0340	Fax (650) 712-0263			
l am the:					
Applicant/Invent	or.				
Assignee of reco	ord of the entire interest. See 37 CFR 3.	71			
	r 37 CFR 3.73(b) is enclosed. (Form PT				
	SIGNATURE of Applicant or Assign	ee of Record			
MICH	AEL MISCHKE-REEDS				
Name V	1: 1 0 mm -11				
Signature	retuel Il usable	Reede			
Date X 9	127/01				
NOTE: Signatures of all the inver forms if more than one signature	itors or assignees of record of the entire interest is required, see below*.	or their representative(s) are required. Submit multiple			
★Total of <u>One</u> for	ms are submitted.				
irden Hour Statement: This form is est	imated to take 3 minutes to complete. Time will vary de	pending upon the needs of the individual case. Any comments on			

builder hour statement. This form is commissed to take 3 minutes to complete this end way operating upon the needs of the invitoual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please	type	a plus	sian ((+) inside	this box	 <u> </u>
. ,0450	·) pc	u pius	3.g.1 (() maide	LING DUX	

PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it display a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Unknown
Filing Date	Concurrently Herewith
First Named Inventor	Michael G. Kahn
Title	Timeline Forecasting for Clinical Trials
Group Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	FSTK 1002-0US

hereby appoint:					(IDD): BEN JERO	
Practitioners at	Customer Number	22,470] →	President		
Practitioner(s) n	amed below:			PATENT & TRADEM	AND OFFICE	
	Name		Registra	tion Number	ARK OFFICE	
as my/our attorney(s) o	or agent(s) to prosecute the a	application ide	ntified above, a	and to transac	t all	
business in the United	States Patent and Trademar	k Office conn	ected therewith	١.		
Please change the corr	espondence address for the	above-identif	ed application	to.		
OR	ned Customer Number.				 -	
Practitioners at Customer Number — Place Customer Number — Number Bar Code				.		
OR			L	abel here		
Firm or Individual Name	HAYNES BEFFEL & WOLFELD LLP					
Address	P.O. Box 366					
Address						
City	Half Moon Bay		ate CA	Zip	94019	
Country		United State	es of America			
Telephone	(650) 712-0340	Fa	x	(650) 712-02	263	
I am the						
Applicant/Invento	or.					
Assignee of record of the entire interest. See 37 CFR 3.71.						
Statement under	Statement under 37 CFR 3 73(b) is enclosed. (Form PTO/SB/96).					
	SIGNATURE of Applicant	t or Assignee	of Record			
Name JOHN	H. NGUYEN				·	
	W // N/2 -					
Signature M. H. Ng.						
	SEPTEMBEL 28, 2001 tors or assignees of record of the er			()		
forms if more than one signature is	s required, see below*.	nure interest or tr	ieii representative	(s) are required.	Submit multiple	
	ns are submitted					

Burden Hour Statement: This form is estimated to take 3 minutes to complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time, you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO. Assistant Commissioner for Patents, Washington, DC 20231.